

ANNUAL REPORT FREEDOM OF INFORMATION ACT										REPORT CONTROL SYMBOL DD-DA&M(A)1365
1. INITIAL REQUEST DETERMINATIONS										
a. TOTAL REQUESTS		b. GRANTED IN FULL		c. DENIED IN PART		d. DENIED IN FULL		e. "OTHER REASONS"		f. TOTAL ACTIONS
70		13		54		2		1		70
2a. EXEMPTIONS INVOKED ON INITIAL REQUEST DETERMINATIONS										
(b) (1)		(b) (2)		(b) (3)		(b) (4)		(b) (5)		(b) (6)
										58
(b) (7)(A)		(b) (7)(B)		(b) (7)(C)		(b) (7)(D)		(b) (7)(E)		(b) (8)
2b. "OTHER REASONS" CITED ON INITIAL DETERMINATIONS										
1	2	3	4	5	6	7	8	9	TOTAL	
	1								1	
2c. STATUTES CITED ON INITIAL REQUEST (b)(3) EXEMPTIONS										
(1)(b)(3) STATUTE CLAIMED				NUMBER OF INSTANCES		COURT UPHELD? (Yes or No)		CONCISE DESCRIPTION OF MATERIAL WITHHELD		
3. APPEAL DETERMINATIONS										
a. TOTAL REQUESTS		b. GRANTED IN FULL		c. DENIED IN PART		d. DENIED IN FULL		e. "OTHER REASONS"		f. TOTAL ACTIONS
										0

4a. EXEMPTIONS INVOKED ON APPEAL DETERMINATIONS											
(b) (1)		(b) (2)		(b) (3)		(b) (4)		(b) (5)		(b) (6)	
0		0		0		0		0		0	
(b) (7)(A)		(b) (7)(B)		(b) (7)(C)		(b) (7)(D)		(b) (7)(E)		(b) (7)(F)	
4b. "OTHER REASONS" CITED ON APPEAL DETERMINATIONS											
1		2		3		4		5		6	
										TOTAL	
										0	
4c. STATUTES CITED ON APPEAL (b)(3) EXEMPTIONS											
(1)(b)(3) STATUTE CLAIMED				NUMBER OF INSTANCES		COURT UPHELD? (Yes or No)		CONCISE DESCRIPTION OF MATERIAL WITHHELD			
5. NUMBER AND MEDIAN AGE OF INITIAL CASES PENDING						(1) AS OF BEGINNING REPORT PERIOD		(2) AS OF END REPORT PERIOD			
a. TOTAL INITIAL REQUESTS PENDING (open)						2		0			
b. MEDIAN AGE (in days) OF OPEN INITIAL REQUESTS						8		15			
6. TOTAL NUMBER OF INITIAL REQUESTS RECEIVED DURING THE FISCAL YEAR								70			
7. TYPES OF INITIAL REQUESTS PROCESSED AND MEDIAN AGE						TOTAL NUMBER OF CASES		MEDIAN AGE (Days)			
a. SIMPLE						70		4			
b. COMPLEX											
c. EXPEDITED PROCESSING											
8. TOTAL AMOUNT COLLECTED FROM THE PUBLIC								\$ 0			
9. PROGRAM COST						10. AUTHENTICATION					
a. NUMBER OF FULL TIME STAFF		0				a. SIGNATURE (Approving Official)					
b. NUMBER OF PART TIME STAFF		2				b. TYPED NAME (Last, First, Middle Initial)					
c. ESTIMATED LITIGATION COST		\$ 0				Eliopoulos, G. R.				c. DUTY TITLE	
d. TOTAL PROGRAM COST		\$ 125.28				d. AGENCY NAME				e. TELEPHONE NUMBER (Include Area Code)	
						COMNAVRESFOR				(504) 678-5036	

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